

HELPS Brain Injury Screening Tool ¹

Name: _____

Date of Screening: _____

Screener's Name: _____

H Have you ever **H**it your **H**ead or been **H**it on the **H**ead? ☐ Yes ☐ No

Note: Prompt client to think about all incidents that may have occurred at any age, even those that did not seem serious: vehicle accidents, falls, assault, abuse, sports, etc. Screen for domestic violence and child abuse, and also for service related injuries. A TBI can also occur from violent shaking of the head, such as being shaken as a baby or child.

E Were you ever seen in the **E**mergency room, hospital, or by a doctor because of an injury to your head? ☐ Yes ☐ No

Note: Many people are seen for treatment. However, there are those who cannot afford treatment, or who do not think they require medical attention.

L Did you ever **L**ose consciousness or experience a period of being dazed and confused because of an injury to your head? ☐ Yes ☐ No

Note: People with TBI may not lose consciousness but experience an "alteration of consciousness." This may include feeling dazed, confused, or disoriented at the time of the injury, or being unable to remember the events surrounding the injury.

P Do you experience any of these **P**roblems in your daily life since you hit your head? ☐ Yes ☐ No

Note: Ask your client if s/he experiences any of the following problems, and ask when the problem presented. You are looking for a combination of two or more problems that were not present prior to the injury.

Mark all that apply:

- | | | |
|---|--|---|
| <input type="checkbox"/> Headaches | <input type="checkbox"/> Dizziness | <input type="checkbox"/> Anxiety |
| <input type="checkbox"/> Depression | <input type="checkbox"/> Difficulty concentrating | <input type="checkbox"/> Difficulty remembering |
| <input type="checkbox"/> Poor problem solving | <input type="checkbox"/> Change in relationships with others | |
| <input type="checkbox"/> Difficulty performing your job/school work/daily tasks | | |
| <input type="checkbox"/> Poor judgment (fired from job, suspended/expelled from school or day program, arrests, fights) | | |

S Any significant **S**icknesses? ☐ Yes ☐ No

Note: Traumatic brain injury implies a physical blow to the head, but acquired brain injury may also be caused by medical conditions, such as: brain tumor, meningitis, West Nile virus, stroke, seizures. Also screen for instances of oxygen deprivation such as following a heart attack, carbon monoxide poisoning, near drowning, near suffocation, failed suicide attempts, substance abuse and overdose history.

For Score Go to Next page

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MASSACHUSETTS

Traumatic Brain Injury (TBI), an alteration in brain function or other evidence of brain pathology, caused by an external force, is a common problem. Often traumatic brain injuries are undiagnosed or misdiagnosed. Not everyone who experiences a TBI will have long term impairments or problems. Alternatively, some people who do suffer from a TBI will not realize that subsequent problems are due to the earlier injury. Even a minor injury can result in lasting problems. **To guide you through the screening process each letter in the HELPS acronym stands for a question to ask the consumer.**

The screening tool is recommended to be administered and used as needed in the following situations:

- Routinely completed at Intake, Reassessment AND/OR Redetermination of services.
- When there is any suspected trauma that could have caused a brain injury.
- When a consumer is having difficulty functioning or is exhibiting unexplained behaviors.
- When you suspect the possibility of a dual diagnosis, such as substance abuse, depression, etc., and TBI.

SCORING THE HELPS SCREENING TOOL

A HELPS screening is considered positive for a possible TBI when the following 3 items are identified:

1. An event that could have caused a brain injury (yes to H, E or S), **AND**
2. A period of loss of consciousness or altered consciousness after the injury or another indication that the injury was severe (yes to L or E), **AND**
3. The presence of two or more chronic problems listed under P that were not present before the injury.

THINGS TO CONSIDER

- A positive screening is **not sufficient to diagnose TBI** as the reason for current symptoms and difficulties - other possible causes may need to be ruled out.
- **Some individuals could present exceptions** to the screening results, such as people who do have TBI-related problems but answered “no” to some questions.
- Consider positive responses within the context of the person’s self-report and documentation of altered behavioral and/or cognitive functioning

RECOMMEND NEXT STEPS

- Confer with the consumer about your findings.
- Advise the consumer to seek further medical evaluation with his/her Primary Care Physician
- Report positive TBI screening tool score result to Team supervisor or RN.
- Document reasons for suspecting a TBI and HELP tool score in the consumer file.
- Adjust service plan/goals when appropriate.
- Refer consumer for other resources or services for which he/she may be eligible for.
- Support him/her with follow through -if needed for specialty referrals and or medical treatment of TBI.
- **Make accommodations for symptoms of TBI** (e.g. cuing for problems with memory or initiation).